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OF THE UNIVERSITY OF MARYLAND

Vol. XI BALTIMORE, MD., AUGUST 15, 1915 No. 6

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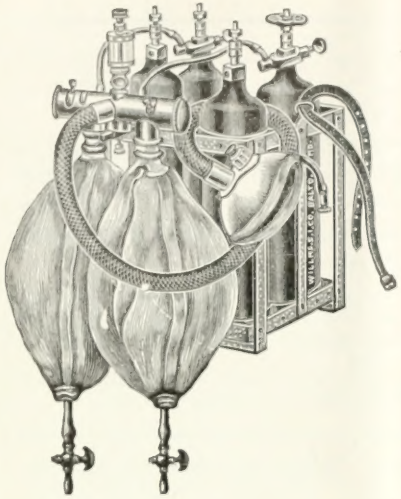

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THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

AUGUST 15, 1915

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Vol. XI BALTIMORE, MD., AUGUST 15, 1915 No. 6

ADDRESS TO THE UNIVERSITY OF MARYLAND MEDICAL SOCIETY ON RECENT STUDIES ON GASTRO-INTESTINAL DISEASES.

By MARTIN E. REHFUSS, M.D.,
Philadelphia, Pa.

Mr. President and Gentlemen:

I appreciate the honor in being asked to speak to you tonight on a subject which we have been engaged in studying for some time. But rather than have the temerity of accepting so hazardous a title as "conclusions to be reached from recent gastro-intestinal studies," I may be pardoned if I may present before you some of the results which we have recently attained in studies on the stomach, and let you draw your own conclusions.

A distinguished French observer in his work on the stomach, published recently, makes the statement "when one finds himself in the presence of an individual suffering from a gastric affection, he must call to his service all the resources of his art. Only a few years ago the idea prevailed that a methodical examination of the gastric juice was sufficient to raise all doubts concerning a difficult diagnosis; today the method has been distinctly abandoned, and more importance has been attached to the radiographic study of the stomach."

These words, expressed by an eminent physician, are not without significance. They indicate, first, the obscurity regarding gastric conditions in general, and, secondly, they emphasize the discontent regarding the results obtained from the ordinary examinations of the gastric juice. It is true that the X-ray, and particularly the fluoroscope, has revealed the organ from an entirely different angle entirely worthy of our notice, and that it appears to that most subtle of all sense—the eye; but even the best of our craft must admit that the X-ray gives but a "moulage" or cast of the interior of the stomach. However perfect may be the picture depicted, the character of the actual work going on escapes us. That the X-ray has yielded most important evidence regarding the gastric morphology, the presence of diseased processes, such as neoplasm, indurated and perforated ulcer, disturbances of motility, I am prepared to admit. It has been my privilege to study under Haudek, Holzknecht, Beclere and see the best phases of that work; nevertheless, I feel that this method must be relegated to its proper place, at times indispensable, but by no means dominating the field of gastro-intestinal medicine.

I believe that an accurate analysis of an organ can be only made by a study of the type of work it performs. There has been a great change spreading over the field of internal medicine, a change from a purely anatomical, etiological, bacteriological or pathological viewpoint to the great field of disturbed function in which frequently none of these changes can be demonstrated as operative, but where there is undoubtedly pure perversion in function without perversion in form, and this study has given rise to so-called functional testing.

It seems to me that no organ is better adapted to functional testing than the stomach. In the consideration of such a procedure with any organ an exact load is placed on the organ and the character of the work determined. In the determination of gastric work, let us then consider the customary procedure. The individual is given an Ewald meal on the empty stomach; an hour later the meal, or rather gastric contents, is removed, tested and conclusions drawn. How absolutely inaccurate is such a procedure. In the first place, we are introducing food into an organ which is by no means empty; it may contain a small residuum; it may, on the other hand, be almost full. But suppose we remove the residuum with the ordinary tube; possibly a small amount of material is removed; possibly none at all. In any event, certainly not all the material is re-

moved. The very interesting studies of Harmer and Dodd showed conclusively that the stomach tube does not empty the stomach; that in practically every case it has a tendency to impinge on the wall of the stomach and curl up, and that gastric stasis is frequently overlooked. How else explain the discordant figures regarding the quantity of the normal gastric residuum on the empty stomach? We are told by the majority of textbooks that the quantity ought not exceed 20 c. c., and in our first work on healthy medical students we found that in practically every instance *the quantity normally exceeded this limit,* and may reach 100 c. c. or more without changing its characteristic appearance. We have supplemented this by very careful studies on 100 normal medical students and found the average quantity to be 52.14 c. c.

But apart from this criticism, the whole theory of present testing seems unphysiological. If we were dealing with an intragastric content which *was constant in character,* we would be justified in taking a sample or all of the contents at any one time and drawing our conclusions. *But this is incorrect. From the moment the food enters the stomach, and possibly even before that point, a complicated cycle begins, constantly changes,* and weaves the highly characteristic cycle of gastric digestion. Granting that the one-hour point normally may register in the majority of healthy individuals the high point, *it does not follow that the 59 minutes preceding or the hour or more following are of no importance.* On the contrary, I think I shall be able to show you that there are many points of interest, and *I would like this occasion to point out for those who believe that the one-hour point is the only point worth recording that, while it may be true that with the Ewald meal normally the one-hour point in almost the majority reaches its height of acidity, it by no means respects this rule pathologically, and every variation occurs. And another point is important*—the patient who consults us regarding his gastro-intestinal tract does *not complain of one-hour symptoms.* His symptom and the vicious disturbance in his gastric cycle may occur at any period.

It was therefore with the idea of investigating the whole period of gastric digestion that I became imbued with necessity of studying the whole from a fractional standpoint. This was by no means new, the idea, but its practical execution was a point which offered a number of inconveniences before it was overcome. Ehrenreich, Gregerson, Hayem and others have all published results of fractional examinations made in various ways. Perhaps the studies which impressed me most were those of Hayem. While in Paris I heard much of that work, and even worked with Hayem's assistant, but he was handicapped by the old tube, and the curious curves, marked at discordant intervals, shows with what difficulty he obtained his data. All the data, voluminous as it was on the original method, as Lefmann says, is open to many objections, and yet it emphasizes the only known method of obtaining some information on gastric function. That was to administer a given meal at a given time on one day; remove it, say, in 15 minutes; repeat the performance on the following day in 30 minutes, and on the following in 45 minutes, and so on, until the entire cycle was completed. Many of these result with various foodstuffs have built up what fundamental knowledge we possess of human gastric digestion.

It was in Paris that I experimented with the Einhorn tube, but was met with two difficulties—the caliber of the tube was too small and the tip of insufficient weight, and, secondly, it was impossible to obtain a representative sample from the stomach. I experimented with many tips, but finally arrived on a tip which weighed over 100 grains and was perforated with slots each of which was of a diameter equivalent to the bore of the tubing. The tubing which I was finally able to procure was sufficiently large to enable me to draw perfectly clean representative samples of the gastric juice. This form of tube had two great points in its favor: (1) it could be left in the stomach for long intervals without any inconvenience, and (2) instead of the principle of propulsion, it was swallowed, and the tip by gravity sought the bottom of the stomach. This meant that the stomach could be completely evacuated, and, owing to its shape and form, it was possible at leisure to perform different insufflation, ausculation and percussion tests, which I have described elsewhere. In fact, it represents in situ an open passage from the mouth to the stomach. I pointed out that the exact motor end point could be determined by comparatively simple tests, as follows: (1) No more material could be aspirated; (2) the characteristic appearance of the last few specimens; (3) insufflation

and auscultation, which discloses a sticky rale or murmur instead of a gurgle when there is still material or liquid in the stomach, and (4) lavage.

By means of this tube, Dr. Hawk, Professor Fowler, Dr. Bergeim, Mr. Spencer, Clarke and myself have investigated many points in normal and pathological digestion, and while some of these are still too incomplete to report, time does not permit me to go into details regarding the many phases of the work. Possibly, however, if I point out certain conclusions and show the results obtained in different clinical cases, I shall better accomplish my mission.

We studied a large number of normal healthy medical students, taking the complete healthy residuum on the empty stomach and administering various foodstuffs—the Ewald meal as well as liquids. The results obtained after the administration of an Ewald meal, and, in fact, various substances, are of interest, and seem to indicate the following points:

(1) Each individual has a characteristic secretory response.

(2) Under identical conditions, all other things remaining equal, the gastric secretory response is the same for each individual—that is to say, that if he gives a certain type of response for an Ewald meal, as a rule the same type of response is obtained with meat, water, liquids, etc. We found that normally the responses to an Ewald meal were of three types:

(a) A rapid outpouring of secretion, often a marked rise in acidity even in the 5-minute samples, rapid rise in acidity, high point from 70-100, either sustained or abrupt, and a slow decline. Food leaves the stomach in normal time, 2-2½ hours, and often after the passage of all food there is slight continued secretion, which we have called, in contradistinction to the "alimentary and fasting" hypersecretion, a "continued secretion." This type we have called the "hypersecretory" type, because in all responses from such individuals there is an exaggerated tendency both in quantity and quality of the secretions.

(b) A type in which there is a slow ascent, slower response to stimuli, a high point from 40-50, digestion completed in normal time, no excess of secretion and a definite early decline. This type, owing to the poor response, we have called the "hyposecretory" type.

(c) A type in which the evolution is, according to our preconceived ideas, a gradual rise, high point total 60 in terms of N/10 NaOH sustained for ½-1 hour, and gradual decline, which we have called the "isosecretory" type.

The interesting point is the fact that, while the latter is the ideal type, normally in symptomless individuals there is a divergence which can be recognized as following the types above. It is only necessary to indicate the interest in these types when one realizes that it is only a step from the hypersecretory normal type to well-defined pathological states, hypersecretion, hyperacidity, irritative phenomena accompanying ulcer, and but a further step in the hyposecretory states to the depressive conditions characterizing in many instances the chronic inflammatory and neoplastic conditions.

We have made a careful study of the action of water in the stomach after the residuum had been thoroughly emptied. We found that, while the response varied, water, whether cold or warm, was a strong gastric stimulant. As small a volume as 50 c. c. of water was found to have definite stimulatory power. We found, for instance, that in the normal individual water produced fully as great stimulation, as measured by acidity and enzyme values, as does an Ewald meal, and the acidity values follow a similar type of curve.

Two important findings were established in that work:

(1) That apparently there is in the human subject no latent period similar to that found by Pavlov in animals, and (2) that glandular fatigue as demonstrated by Foster and Lambert was impossible to demonstrate. In one experiment we obtained definite evidence that 500 c. c. of water left the stomach in 10-20 minutes after its introduction. We pointed out that in this work, where pure gastric juice was obtained and the free and total acidity ran very close together, the total acidity ranged from 50-120 (0.18-0.44 per cent. HCl), on an average 77 (0.28 per cent. HCl), which might be taken as the acid values of pure gastric juice. Of course, in the course of an Ewald meal, combination with foodstuffs reduces the total acid.

In these studies we indicated, although not definitely proven, that possibly the stimulatory value of an Ewald meal may be due to its water content, and suggested that a water meal might be substituted in many instances for an Ewald

meal, and has the additional advantage of demonstrating food rests.

We [illegible] the [illegible] of tea and again meat extracts; the former apparently acted in exactly the same manner as the water content, while the latter produced practically, when all the experiments were taken into consideration, a similar degree of stimulation, possibly a little more rapid, but in our work we were unable to demonstrate any marked superiority on the part of the meat extract. (This occurred when that substance was introduced through a tube, eliminating as much as possible all psychic impulses which might have occurred.)

Many points of interest have arisen in this work, but it seems to me that perhaps the most interesting would be those associated with the application of this method to the study of pathological subjects. We have performed many hundreds of complete analyses, some of which we were able to follow to operation, others which we were able to follow clinically, and perhaps before I go over some of these points I may be pardoned for pointing out several things which, it seems to me, are rather important:

It is my claim that it is impossible to interpret the results of an ordinary test meal finding, and for the following reasons:

(1) This point records but one phase in a constantly-changing cycle of gastric digestion.

(2) A large number of observations have shown that this point is by no means the high point or the representative one.

(3) Many changes both precede and follow this point.

(4) Many forms of hyperacidity, hypersecretion, occult bleeding are entirely overlooked in this way.

(5) Delay in digestion may mean that figures at the one-hour point may be doubled in the second hour.

(6) [illegible] can be obtained in this way.

(7) That entirely erroneous conclusions may be drawn from some of the cases which I shall show you. Let us imagine, for instance, that you perform the test meal in that way and obtained perfectly normal figures. What does it mean? In my opinion, nothing, simply because I do not know what preceded or what will follow. Some of the gravest forms of gastric disturbance I have found accompanied by normal test figures at the one-hour point. A glance at the following diagram, which is substantiated entirely from actual findings, illustrates the possibilities of just such figures.

(1) Perfectly normal digestion.

(2) High figures preceding this point, a true larval hyperacidity of which I have two authentic cases, one in which there were marked clinical symptoms preceding the one-hour point.

(3) High figures following this point in reality, the so-called tardive hyperacidity of the French, either sustained or abrupt, with or without hypersecretion.

(4) An absolutely constant acidity, prolonged for hours, the so-called polycyclic curve of Hayem, the pernicious type which I have seen passed by a physician as gastric neurosis and itself indicative with food stasis or of pyloric obstruction. Five such typical cases showed; two of them ulcer and pyloric obstruction, one adhesions across the stomach from an old laparotomy, and another a fibroma obstructing pylorus—in reality, a benign pyloric obstruction, and in one carinoma ulcerosum.

Examples of these different cases were found, and it is to be emphasized that not merely the secretory characteristics, but all the associated phenomena are to be studied in the summing up of a case.

Let us consider for a moment the possibilities of subnormal figures at the one-hour point. They may indicate delayed digestion *and a perfect* [illegible] *digestion in normal figures at a later period;* again, they may indicate actual hyperacid figures and all the phenomena of a vicious secretion entirely unsuspected by one-hour findings (this I have often found, particularly in duodenal ulcer), or—and in my experience—rather rarely they illustrate the height of an actual markedly subacid curve, but there is absolutely no indication in such a procedure as to what they mean.

Again, hyperacid figures at the one-hour point may be of varied significance. They may mean simply an abrupt highly acid point in the cycle and quickly return to normal, or they may be only a part of a persistent, resistent, hyperacidity which explains all the symptoms. We cannot forget the discrepancies in clinical symptoms and test figures, and instead of simply recording facts, if we would attempt to explain them, possibly our comprehension of these processes would be

clearer. I am not prepared to discuss the part which gastric hyperesthesia plays, but I am prepared to say that in a certain number of cases with hyperacid symptoms and subacid test figures at the one-hour point, careful fractional examination will demonstrate an entirely different gastric chemistry at the time of symptoms.

Heterochylia exists, but in those cases where we have performed fractional examinations on succesive days, the type almost always holds, whether hypersecretory or hyposecretory, and the abnormal tendency, at whatever portion of the phase, is usually repeated.

I should like to discuss just a few rather interesting results in gastric achylia which seem to me rather important, although I hope I am not attempting to discuss what Dr. Kirby and Dr. Brown have to say.

The interesting question which has arisen with us was whether there existed on the basis of Pavlov's contributions a dissociation achylia; in other words, if it be true that the gastric secretory period can be divided into two phases—psychic and chemical—the psychic secretion, which is initiated through the pathway of the vagus and whose tonus is maintained, in all probability, by certain internal secretions (probably the parathyroids and the thyroids), and a definite chemical secretion incident to the formation and absorption of substances elaborated in the course of digestion, called secretagogues or hormones, it should follow that suppression of either of these phases should lead to a chemical or psychic achylia. *The investigation of the entire gastric phase by the fractional method would then give us information as to the possible failure of one or the other of these secretions. A total absence of secretion during the first hour of digestion followed by a perceptible secretion in the second would favor this viewpoint, namely, that a psychic achylia (nervous) exists the reverse a pronounced secretion during the chemical phase would favor the interpretation of a chemical achylia, while a total lack of secretion through both phases might indicate a deficiency of both functions, or an inactive mucosa, or possibly the failure of material in the blood, or material from which the gastric secretion is derived.*

Our studies have indicated that the majority of bona-fide cases no acidity, and no enzymes were in both phases. In two cases, however, we were able to demonstrate a definite psychic with a return of secretion in the chemical phase, and in no instance was there found a case of chemical achylia or secretion in early period, and no evidence of secretion in later periods. This may be due to accumulation of psychic secretion, or possibly to the extreme rarity of that type.

Fractional examination, however, will demonstrate rather forcibly the rarity of true achylia as contrasted to spurious achylia. It will show that figures around 10-12 at the one-hour point rarely belong to the true achylia, and careful study of the curve and enzyme action will show rather that the case is one of the subacid or anacid groups, and not a true achylia. Some chemical studies which we are making demonstrate the absolute inhibition of gastric secretion, even in hypersecretory individuals, in its infancy, and I shall therefore merely indicate that such a condition of affairs occurs.

An interesting point in connection with achylias is the question of a return of the secretion. This is very rare in true achylia, but in two cases in which the diagnosis was verified by repeated examination and in one of which, examined some six years previously by my lamented old chief, Dr. John Musser, an achylia was found, and parathyroid extract was used. Subsequent studies revealed a perceptible return of the secretion in both cases: in one case to a total acidity of 55. In several other cases the extract was used, but the cases could not be followed, and in one case it failed.

Many other problems were investigated by us, but lack of space does not permit me to go into these details. I can only venture the hope that I have made clear the great value of fractional testing of the stomach as an adjunct to the more perfect understanding of gastric function.

PRESIDENTIAL ADDRESS — RELATION OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND TO THE COUNTIES.

By J. W. Humrichouse, M.D.
President of the Medical and Chirurgical Faculty of Maryland.

The Medical and Chirurgical Faculty of Maryland honors the counties by selecting from time to time a county member for presiding officer. It thereby recognizes the whole State as its

domain, and every physician as eligible for this high distinction.

Washington county esteems highly the honor which has been conferred upon it in the choice of president, which it regards as another evidence of the Faculty's desire to have the participation of all the counties of the State in its high aims and purposes.

Men from the counties took a large part in the forming of the Faculty. Their training in the best schools of the period, and subsequent service in its wars, the spirit of the days of the Revolution with which they were imbued, fitted them for the task. They link the Faculty with the early history of our country. The first president, Upton Scott of Annapolis, served as surgeon under Wolfe upon the Plains of Abraham. Pindell of Hagerstown was in the Continental Army from 1777 to its dissolution in 1783. Warfield of Anne Arundel, Brown of Port Tobacco, Beanes of Prince George's, John Archer of Harford and other names upon this roll of honor are recorded in Dr. Eugene Cordell's *Medical Annals of Maryland*.

During the first forty years of its existence the law required all physicians to obtain the license of the Faculty in order to practice medicine, and the membership included the entire profession of the State. After 1839 the law was not enforced and the membership shrank from year to year, especially in the counties, until the Faculty became almost a local society of physicians of Baltimore.

The Faculty owes its continued existence to the city members who have composed the assemblings for the advancement of medical knowledge, have fostered its institutions, as the library, have formed the committees for carrying on its work, and have at various times endeavored to carry the Faculty's influence into the counties. Meetings were held at Easton in 1850 and 1853; four years later in 1857 at Frederick; thirteen years later in 1870 at Cumberland, and at Annapolis in 1872. The year 1889, seventeen years after the Annapolis meeting, is the date of another effort of the Faculty to restore the counties to their original place and importance in the State society. In November of that year the first semi-annual meeting ever held in Washington county took place at Hagerstown and resulted in the reorganization of the county Medical Society and the affiliation of its members with the State society. For many years prior to that meeting there had been no association with the Medical and Chirurgical Faculty; all the old members who resided in the county had long before passed away. When in 1881 the physicians of the county formed a society it was based upon a small pamphlet containing constitution, by-laws and code of ethics of the old State society. Before the year 1881 there are no minutes or records to show that a medical association had ever existed in the county; nothing but a table of rates adopted in 1866. For almost a century the medical history of the county is very scant, and it is only through old newspaper files that anything can be learned. It may be interesting to know that in the columns of the *Maryland Gazette* of November, 1785, attention was called to the necessity of forming in Washington county a medical society for the suppression of quackery and proposing a State Board of Medical Examiners which might be the nucleus of a future medical school, and that in 1793 Dr. Samuel Young, subsequently a founder of the Faculty, was chairman of a board of health to prevent the introduction of yellow fever into Hagerstown. More than a century later another member of this Faculty, Dr. Jesse William Lazear, forfeited his life in demonstrating the cause of this disease.

May I touch upon a few names in this long period of time to show that perhaps the very lack of organization and co-operation developed in the physician marked individuality. We read in the newspapers of the day that in 1825 Dr. William D. MacGill tied, on account of a fungous growth in the orbit of each eye, successfully both carotids in the same subject with an interval of one month between operations, the first time the operation had been done in America. He also performed the first lithotomy in Washington county.

In 1858 passed away Dr. Frederick Dorsey, Sr., in the eighty-third year of his age, having practiced medicine since he was seventeen years old, a student of Rush and a fine type of the old country doctor. During his long life he officiated in many maternity cases, Judge John Thompson Mason says eleven thousand; his practice was so extensive, it is said he often made a circuit of eighty miles in twenty-four hours. No call was ever unanswered whether to rich or poor. Heat and cold, darkness and light, cloud and sunshine, the dashing fury of the storm, the blackness of the midnight hour found him exposed to their

perils and inclemencies. But the doctor could not resist, although a busy man and a churchman, a fondness for horse racing, cock fighting and fox hunting. On the day of his funeral all the church bells of the town were tolled.

There were many men subsequently who did their duty to the community, especially during the Civil War when after South Mountain and Antietam every church and schoolhouse was a hospital, and after the war when surgeons from both armies settled in Washington county. But there was no local organization of physicians, no gathering of them together to discuss medical subjects, only a fee table, sometimes a cause of friction and generally disregarded. More than a commercial basis was needed. A quickening influence from the outside was required and was furnished by the Medical and Chirurgical Faculty.

At the assembling at Hagerstown in 1889 Dr. Aaron Friedenwald, the president, spoke of the need for more intimate relations, for a closer bond of fellowship between the medical practitioners residing in the various districts of this State and asked every physician, whether in village, town or city, to enroll himself as a member of the Faculty for the consummation of this object. The meeting lasted two days. There were papers, receptions and a banquet. Its most important business was the inauguration of the movement for legislation to regulate the practice of medicine in Maryland by providing a State Board of Medical Examiners. The men who largely, through the efforts of Dr. Thomas A. Ashby, made up this gathering were the pioneers of the movement to change a society, distinguished but local, into a State organization. A year later the Faculty met at Cambridge, and in subsequent years at Rockville, Easton, Annapolis, Cumberland, Belair, and in 1896 again at Hagerstown. Upon this last occasion Dr. William Osler in his address stated that one of the most immediate and pressing needs of the ancient and honorable Faculty of Maryland is that the members throughout the State at large shall take a greater interest than they do in the affairs of this institution; that the Faculty belongs to the physicians of the State, and not alone to the profession of Baltimore. When Dr. Osler made his address the membership of the Faculty was four hundred and seventy-five; of these one hundred and thirty-nine were members from the State at large and three hundred and thirty-six from the city of Baltimore. At present the membership is more than eleven hundred: about six hundred from the city and over five hundred from the counties. Every year since 1889 a semi-annual meeting has been held in towns outside Baltimore city, with the result that every county, except two, has its own medical society and is represented by its delegates at the meetings of the Faculty.

In 1904 the amended constitution and by-laws of the Medical and Chirurgical Faculty of the State of Maryland were adopted, the county societies became component parts of the State society, and the State society a component part of the American Medical Association.

Now the country doctor is no longer isolated, no longer left to himself to become narrow-minded; he has come into touch with the spirit which has animated this organization for more than a century and which still gives it life. The way is open through the county society to the State society and the American Medical Association.

The last semi-annual meeting at Upper Marlboro had unique and pleasant features. The courteous reception by the physicians and ladies of Prince George's, Mr. Magruder's scholarly address, the pilgrimage to Dr. William Beanes' tomb, and last, but not least, the scientific papers made the day one to be remembered. Southern Maryland has other historical interest for the Faculty besides the association of Dr. William Beanes with our national anthem. We read in Sparks' *Life of Washington* that Dr. Gustavos Brown of Port Tobacco was called in consultation with Drs. Craik and Dick in the last illness of the illustrious man. Doubtless he concurred in the treatment by repeated bloodlettings, gargles of molasses and vinegar, and butter and vinegar and sage tea, and blisters of cantharides over the larynx, although the symptoms indicated obstruction of the larynx, which might have been relieved by scarification or tracheotomy. But venesection was the vogue in those days, and Washington had been bled by his own command by one of his overseers even before the arrival of the physicians.

South of Charles county is St. Mary's, where in 1634 the first settlement of the State was made and which furnished five of the one hundred and one incorporators of the Medical and Chirurgical Faculty of Maryland in the year 1799. The

names of St. Mary's and Garrett are missed in the Faculty list of county societies, St. Mary's having lost its identity by combining with Charles and Garrett by merging with the Allegany society.

In the twenty-six years which have elapsed since 1889 many new conditions have been developed. Great advances have been made in medical education. Dr. Harlan states that applicants for State Board examinations must now have a diploma from a "college having entrance requirements and a standard of education as defined by the Association of American Medical Colleges." These requirements include a year in chemistry, biology, physics and a modern language in addition to the four-year high school course.

It has been through the endeavors of the Faculty as a State organization, embracing city and counties, that legislation has been secured for the public good, such as the proper care of the insane, who are no longer confined in county almhouses, but are provided for in institutions especially designed for them and receive the attention of especially trained physicians; such as the sanitoria for the treatment of tuberculosis; health laws; such as registration of births and deaths; the reporting of cases of communicable disease; vaccination; the prevention of blindness; a pure milk supply; State laboratories for bacteriological diagnosis and for the analysis of drinking water.

Perhaps the most important work of the Faculty in recent years has been its effort to educate the public in health matters. An editorial in the *Journal of the American Medical Association* has the following comment: "That probably in no State has this work been developed to any higher point than in Maryland, in which the work of the Committee on Public Instruction has been carried on vigorously and enthusiastically and is worthy of commendation and should be duplicated as far as possible in each one of our States."

In the April number of the *Bulletin* Dr. S. J. Fort, secretary of the committee, gives five hundred and fifty as the number of persons attending each night of the Fifth Annual Health Conference, and the total attendance as seven thousand for three days at the conference for colored people.

Further evidence of public health work is afforded by the compliance with the request of Dr. Allport of Chicago, of the American Medical Association, that lectures upon Conservation of Vision be given throughout the State of Maryland, when Dr. James J. Carroll, director of conservation for the State, started the campaign in Hagerstown, where upon March 26 Dr. Hiram Woods delivered an illustrated lecture before a large audience.

In the short period of sixteen years hospitals have been established at Cumberland, Hagerstown, Frederick, Annapolis, Havre de Grace, Elkton, Easton, Cambridge, Salisbury and Centerville. They are supported by State, county and town appropriations, and also by gifts from individuals. It seems to be only a question of time until some of these institutions will be largely endowed by private benefactions.

Washington County Hospital has already received $263,000 in donations, $80,000 of which has been devoted to the purchase and improvement of hospital buildings and seventy-two acres of ground, and the balance of the amount has been put at interest, which will be allowed to accumulate until there is a sufficient sum to build an entirely modern hospital in accordance with the wish of the largest benefactor, Edward Windsor Mealey. Sixty-four acres of the land purchased is a valuable asset; it lies within the town limits, is not essential to the present hospital, and is estimated to be worth $50,000, about twice the amount paid for it. At present the hospital has fifty-six beds, and last year six hundred and ninety-nine patients were admitted, not including dispensary cases.

Frederick, Cambridge and Salisbury have also received generous gifts in buildings and funds. The consulting staff of these institutions is composed of physicians and surgeons of the Faculty, who are looked to for aid not only in desperate need like the case of MacLure of Drumtochty, but also for assistance in developing hospital efficiency, and it may be later for post-graduate instruction. In the report of the Council, April 28, 1914, Dr. Wroth of Hagerstown brought to the attention of the Council the advisability of having post-graduate instruction given in various parts of the State by teachers of recognized position. How could such instruction be better given than by means of medical and surgical clinics in the county institutions? The introduction of the teaching feature would put hospital work on a higher plane, would attract and instruct physi-

cians and make them better fitted to serve the public.

Another step forward in the developing of the counties would be the establishing of medical libraries in them, utilizing perhaps a room of a hospital for this purpose, and beginning modestly with a few journals and books of reference. Miss Noyes, the librarian, states that the out-of-town physicians do not make use of the library of the Faculty, notwithstanding the efforts of the Library Committee to put the books at their disposal.

The program in your hands announces this occasion to be the one hundred and seventeenth annual meeting of the Faculty. Below the lines stating this fact is printed the image of Hippocrates, the seal of the Association, and the Faculty thereby recognizes a two-thousand-year-old legacy of medical knowledge and ethics. The pages following show the proceedings of the Faculty—an assembly composed of delegates and physicians from the city and all the counties, representatives of the great schools and hospitals of Baltimore, the men who form the modern line of battle against disease. It is an old fight which has already in the lifetime of the Faculty resulted in the elimination of many scourges of mankind and which promises still further similar achievements.

ANTI-PLAGUE MEASURES—WITH SPECIAL REFERENCE TO THE NEW ORLEANS CAMPAIGN.*†

By Rupert Blue, M.D.,
Surgeon-General, U. S. Public Health Service, Washington, D. C.

Plague has been recognized from remote ages. It is said to have existed in Egypt and Asia Minor 400 years before the Christian era. One of the earliest references in literature to the disease is found in the first book of Samuel, fifth and sixth chapters.

As "The Great Plague" it visited London in the seventeenth century, claiming more than 63,000 victims in the year 1665. In John Evelyn's‡ diary we find this entry:

"Sept. 7th 1665. Came home, there perishing ncere 10,000 poor creatures weekly; however, I went all along the city and suburbs from Kent Streete to St. James's, a dismal passage, and dangerous to see so many coffines expos'd in the streets, now thin of people; the shops shut up, and all in mourneful silence, not knowing whose turn might be next. I went to ye Duke of Albemarle for a pest-ship, to wait on our infected men, who were not a few."

Sanitary science had not advanced very far at this time, as charms and incantations were relied upon, even by fellows of the Royal Society, to stay the pestilence.

In the years 1894 to 1900 plague spread from Canton, China, to Europe, Africa, Australia and North and South America. As a matter of fact, nearly every region of the habitable globe has been visited by the disease in the past 15 years. The alarming fact in this connection is that it appears to have become permanently established in parts of the New World, namely, Brazil, Ecuador, Peru and Venezuela. Severe epidemics have occurred in these countries and all classes of the population have suffered.

Plague was officially announced December 22, 1902, in Mazatlan, Mexico. From this date until March 20, 1903, 314 cases, with 254 deaths, were reported. Cases were also reported at Ensenada, LaPaz and Guaymas, Mexico, during the latter part of 1902.

The first appearance of plague in the United States dates back to March, 1900, when cases of the disease were found among the Chinese of San Francisco. It did not assume alarming proportions at any time, however, and was stamped out in 1904. From 1900 to 1904 there were 121 cases, with 115 deaths.

In May, 1907, however, the disease reappeared in San Francisco, and continued until January, 1908. All sections of the city were invaded, and all classes of people suffered. One hundred and sixty cases, with 77 deaths, were recorded in this outbreak. There were also a few cases at Berkeley, Point Richmond and Oakland, Cal., during the year 1907.

A few cases of plague were reported in Seattle in 1907, and infected rats have been found at various times since that date.

The most notable fact in the history of plague in California was the appearance of the disease in the rural districts of the State. In 1908 a wide-

*Public address, Southern Medical Association, Eighth Annual Meeting, Richmond, Va., November 11, 1914.

†Reprinted from the *Southern Medical Journal*, February, 1915.

‡Royal Commissioner for sick and wounded persons in the war with Holland, 1665.

squirrels, a rural rodent that abounds on the Pacific coast. The date of the extension of the infection from urban to rural rodents is not known, but we are safe in saying that it occurred during the first visitation of the plague in San Francisco.

On June 17, 1912, the Public Health Service was notified of the presence of plague in San Juan, Porto Rico, and officers were at once sent to take charge of the eradicative campaign. During this outbreak 55 cases occurred, 10 having developed at the date of announcement and 45 thereafter. The infection extended to four points outside of San Juan, namely, Carolina, 14 miles distant; Caguas, 23 miles; Arecibo, about 50 miles, and Rio Piedras, three miles. The last case of human plague occurred in San Juan September 12, 1912, and the last infected rat was found on December 19 of that year. Eradicative measures and laboratory examination of rats were continued, however, for nearly a year after the latter date. No further infection being discovered, work was discontinued on October 31, 1913.

The summer of 1912 also marked the first appearance of plague in the Island of Cuba, the first case occurring at Havana on June 30, and being followed by two other cases, on July 9 and July 22. On March 5 of the present year the disease reappeared in that city, and since that time 43 cases have occurred in the island, the infection having spread to Artemisa, San Jose de las Lajas, El Aceite and Santiago.

This brings us to the outbreak of the disease at New Orleans, of which more will be said later.

The frequent and awful visitation of plague in various parts of the world have caused governments to take measures against it. In 1897 an International Sanitary Conference was held at Venice and quarantine regulations were framed with a view to preventing the further spread of the disease. These measures, however, were based on the belief that the infection was spread by human agencies. At the second international conference, held at Paris in 1903, the role of the rat was recognized and revised regulations were issued. Representatives of the United States Public Health Service attended this conference and took part in its deliberations. Forty governments were represented by delegates.

The nations of the Western Hemisphere have given official consideration to the prevention of the spread of plague, as a pan-American question, since 1902. In that year the first General Sanitary Convention of American Republics was held in Washington. Three years later, at the second General Sanitary Convention, also held in Washington, a convention ad referendum was concluded, containing provisions for the reciprocal notification of the presence of plague, cholera and yellow fever, and measures to be observed by all countries signatory thereto with reference to infected areas.

Resolutions relating to the prophylaxis of plague, cholera and yellow fever were adopted by the fourth International Sanitary Conference of the American Republics, in 1909, in part as follows:

"Article II (a) To recommend especially to the various governments that they employ all possible means at their disposal to secure the effective sanitation of seaports, to the end that the introduction of plague, cholera and yellow fever may be prevented, and in the event that a case of either of these diseases reaches a port that it be promptly isolated and measures taken to prevent its spread.

"(b) To recommend special ordinances for the proper construction of ratproof buildings, especially those designed for the storage of foodstuffs, such as markets, granaries, abattoirs, stables, etc.

"(c) To make obligatory the use of galvanized iron garbage cans with tight-fitting covers for the reception of refuse from houses, and to arrange for the daily disposal of such refuse.

"(d) That properly-equipped laboratories be provided at all seaports where the periodical examination of rats may be made, so that plague can be apprehended before its appearance in human beings.

"(e) That the crusade against the mosquitoes 'stegomyia calopus' and 'anopheles' be carried on vigorously along lines which have been shown to bring the best results.

"Article III (a) That careful statistics on population, morbidity and mortality be kept at every port, such data to be compiled at intervals of not more than one month, and also annually.

"Article IV (a) That it is the duty of owners and masters of vessels to rid their vessels of rats,

and to use all possible means to keep them free therefrom.

"(b) That this should be accomplished by the periodical fumigation of the holds of vessels with sulphur gas at periods of from three to six months and at times when advantage may be taken of the vessels being free from cargo or laid up for repairs, and at all others times vigilance should be exercised by the masters for the destruction of rats by such other means as they may deem most effective."

Measures were also recommended for the control of malaria, uncinariasis, tuberculosis, and for the installation of water supplies and sewerage systems. It will be seen from the foregoing that the governments of the American republics have a profound sense of their responsibilities with regard to the international control of communicable diseases. Unfortunately, however, poor organization and lack of funds have undoubtedly prevented a thorough compliance on the part of some of these governments with the text of the resolutions.

FEDERAL QUARANTINE MEASURES IN FOREIGN LANDS.

The presence of plague in many parts of the world and the fear of its introduction into the United States by means of infected vessels caused the Public Health Service to detail medical officers at strategic points in foreign countries. Officers have been stationed at various times at Guayaquil, Callao, LaGuaira and Rio de Janeiro, with specific instructions to maintain a close surveillance of ships and to cause the destruction of rats found aboard. Since 1900 officers have also been stationed at Naples, Hongkong, Shanghai, Yokohama and Kobe, with similar instructions. It may be said that these officers constitute the first line of defense for the United States, and it should be stated that their work has been of inestimable value in preventing the importation of plague and other epidemic diseases.

CAUSE AND MODE OF TRANSMISSION.

The cause of this disease is the bacillus pestis, discovered by Kitasato and Yersin in 1894. It is introduced into the human body by the bite of fleas that have fed on infected rodents. The pneumonic form is conveyed by the air in badly-ventilated houses in which plague cases have occurred.

The relation between the prevalence of plague among rodents and its outbreak in man is emphasized in the chronicles of the diease, the infection being generally transmitted from rat to rat and from rat to man. Every outbreak in man is preceded by plague epizootic among rodents. As a matter of fact, the infection is kept alive from year to year through the medium of these animals. The expediency of destroying rats as a means of preventing plague is obvious. These principles were applied in San Francisco (1907) with the most gratifying results, the disease having been eradicated within three months after active operations had been inaugurated.

PLAGUE IN NEW ORLEANS.

The first case of plague in New Orleans was reported on June 27 last, in the person of C. L., a native of Sweden, who had been in the city since June 16. History of previous residence was not obtainable. The patient died on June 28.

The origin of the infection is unknown, but there is strong suspicion that it was imported from the Canary Islands as early as June, 1912, coincidentally with the appearance of the disease at San Juan and Havana. It is now known that plague prevailed in the Canary Islands in 1907 and 1909 in severe form, and that cases continued to appear in the city of Santa Cruz up to and including the year 1914. The existence of plague was denied by the governmental authorities.

Request was made by the authorities of New Orleans, and concurred in by the State health authorities of Louisiana, that the Public Health Service assume charge of eradicative measures, and this course was authorized by the Secretary of the Treasury on July 3. Since the beginning of the outbreak 30 cases of human plague have occurred, the last of these on September 30.

A splendidly-organized campaign is being waged in New Orleans at the present time by experienced officers, and there can be no doubt as to the outcome.

NOTE.—The remainder of Surgeon-General Blue's address consisted of a series of 40 stereopticon views, illustrating anti-plague operations in New Orleans, La., with explanations.

Dr. Walter L. Nicholls, Physicians and Surgeons, class of 1902, of 401 N. Fulton avenue, who recently underwent an operation, is making a nice convalescence.

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Editor . . . . . NATHAN WINSLOW, M.D.

BALTIMORE, AUGUST 15, 1915.

DEATH OF PROF. DAVID STREETT, A.M., M.D.

Death has claimed a heavy toll from the Faculty of the Medical School of the University of Maryland during the past four months, and we now are called again to lament the loss of one of our most highly esteemed colleagues. On July 30 Dr. David Streett, Professor of Practice of Medicine, was the fourth of our circle to respond to the summons of the pale messenger since March of this year. Chew, Coale, Spruill and Streett have passed away within this brief space of time. Dr. Streett was not an original member of our school, but became connected with us on the merger of the Baltimore Medical College two years ago. Since that time he had become an earnest and loyal member of the faculty, largely imbued with the ideals and aspirations that animate those of us who have labored for a whole generation in the service of the institution. He was a very acceptable member of the faculty; kindly, cheerful, and with vast experience in the management of medical schools.

While he will be missed in the councils of the faculty and by our recent graduates, his death will cause pangs of acute sorrow in the hearts of hundreds of our Baltimore Medical College alumni, who are scattered to the four corners of the earth.

Dr. Streett was [illegible] success was due to his own efforts and indefatigable industry, combined with ability of a high order. He had not the many educational advantages, nevertheless he was a cultured man. His medical education was obtained at the College of Physicians and Surgeons of this city, from which he graduated in 1878. Entering upon practice he soon secured a large patronage; but he was not content to be simply a family practitioner, but aspired to become a force in the medical life of the city and country. Consequently, he accepted the chair of medicine in the young and struggling Baltimore Medical College in 1885 and became its Dean in 1888. Under his skillful direction the college made great strides and rapidly became one of the largest schools in this country. He remained Dean until its merger with the University of Maryland, a period of 25 years. While he had been somewhat unwell lately, it was not supposed that his ailment was mortal, and his death came as a shock to a large circle of friends. Until he was stricken down he continued his work at the University, and was present at the faculty meeting for the passing of the graduates on May 27, but was unable to attend the commencement on June 1.

The prominent characteristics of Professor Streett as estimated by the writer were unselfishness, great kindliness, untiring industry, and marked ability and efficiency, both as a physician and an executive. It may not be difficult to fill his chair; it may be impossible to fill his place.

TO OUR P. AND S. ALUMNI.

It gives us pleasure to announce to graduates of the College of Physicians and Surgeons, also those of the Washington University School of Medicine, that they are eligible to membership in the General Alumni Association and the Medical Alumni Association upon the same terms and with the same privileges enjoyed by the graduates of the University of Maryland. Membership in the General Alumni Association is obtained by the remittance of $1 to the treasurer, William K. Stickel, Phar. D., care of Thomas & Thompson, corner of Baltimore and Light streets, Baltimore, Md. The annual dues in this association are $1, which carries with it a subscription to the *University Gazette*, the official organ of the General Alumni Association. Membership in the Medical Alumni Association is obtained by applying to Dr. John Houff, 15 North Monroe street, Baltimore, Md., for application slip. Before being enrolled in this society the application must be

sanctioned by the executive committee, then voted upon at the annual meeting. In this association the dues are likewise $1 annually, payable in advance. Members in good standing are entitled to tickets of admission to annual banquet. No mention has been made of initiation fee, for there is none, nor is there life membership in either. The General Alumni Association does, however, issue a certificate of membership upon the payment of fifty cents additional. Any other inquiries will be gladly answered by this office.

CORRESPONDENCE

WESTWARD HO!

I—Crile's Clinic and the Chicago Clinics.

A combination of circumstances conspired to cause me to make my fourth round trip across the continent in this year of Grace, 1915. In the first place, it did not appear to be very healthy to go toward the East at this time, and I am careful as to my health, and, secondly, the great medical and surgical associations held their annual meetings in the middle and far West in the month of June. Besides these reasons, it seemed almost a patriotic duty to go to the great expositions at San Francisco and San Diego, Cal., commemorating the completion of that dream of the centuries, the Panama Canal.

My first objective, however, was the American Surgical Association meeting, to be held at Rochester, Minn., from June 9 to 11. Leaving Baltimore at 7.25 P. M. on June 6, we reached Cleveland, O., about 7.30 the next morning. Here about 30 fellows of the association met and attended the clinic of Dr. George W. Crile at Lakeside Hospital. Dr. Crile is an expert operator as well as great investigator in surgical physiological problems. His clinic was especially arranged for the members of the American Surgical Association and delegates to the Pan-American Congress, and was designed to demonstrate his anoci-association method of operating under general and local anesthesia. He claims that by infiltrating the seat of incision and blocking the nerves no impression is transmitted to the nervous centers and there is no harmful effect produced thereon. Certainly the method seemed to work well in his own hands, but whether it was due to the nerve blocking or other factors is a question.

As has been stated, Dr. Crile is an exceptionally skillful operator, and works in a fine hospital where he can control his clinic in a highly satisfactory manner. His assistants are appointed for long terms of service and become thoroughly acquainted with his technique, and consequently everything goes like clockwork. He had a splendid array of cases for this clinic.

1. Case of exophthalmic goitre; girl 20 years of age. Nitrous oxide gas administered in her room and novacaine infiltrated in and around the gland. No appreciable effect was produced upon her pulse, and she was returned to her room without being aware that anything had been done to her or even that she had been taken out of her room.

2. Appendectomy. Nothing especial to remark except that the same methods were used; that is, the area of operation was infiltrated in order to prevent any injurious influences reaching the brain.

3. Nephrolithotomy. An enormous stone was removed, the kidney not being delivered but allowed to remain in its bed.

4. Gall bladder operation, done in the usual manner, with nerve blocking.

5. Removal of cervical sympathetic ganglia and part of the thyroid gland, more or less experimental, for epilepsy.

6. Colectomy for stasis—the cecum, ascending colon and part of the ileum being removed for stasis.

All these operations were done expeditiously and apparently successfully, and it was a great privilege to be able to see his methods at first hand. A handsome luncheon was served at the Hotel Stattler, and in the afternoon demonstrations of blood vessel suture, direct transfusion and of resuscitation after a dog had been bled to death were made at the H. K. Cushing Laboratory of Experimental Medicine. A dog was bled until he was apparently dead, no pulse or respiration being perceptible; the artery of a living dog was then connected with a vein of the dead dog and the blood allowed to flow, some massage over the heart being employed. In a short time the apparently lifeless animal began to breathe and to move. This experiment must be done quickly within a few minutes after the exsanguination has occurred. It certainly offers hope that people who have apparently bled to death may be restored by this method.

While at Lakeside Hospital I was addressed by

not met me in Guatemala City. He was Dr. Carlos Leiva of Salvador, with whom I was quite closely associated at the Fifth Pan-American Medical Congress in 1908.

After a very profitable day in Cleveland we took train at night and reached Chicago about 8 o'clock in the morning. Clinics were arranged here by Ochsner at the Augustana Hospital, Murphy at Mercy Hospital and Arthur Dean Bevan at Rush Medical College. These hospitals are miles apart, and consequently much time was lost in reaching them. The operating-room at Augustana is small, and it is not well adapted for a public clinic. Dr. Ochsner performed a number of operations in a skillful manner, but nothing of unusual interest. He did not wear gloves, and in some respects did not seem to exert as rigid technique as is ordinarily done. He does many operations by giving a good dose of morphia and then putting the patient thoroughly under ether and operating without any further anesthetization. The method seemed to work well in his hands. We were then driven to Mercy Hospital and witnessed a demonstration of the results of the bone work of Dr. John B. Murphy. There was nothing especially new in this, but it was very instructive. I have been a number of times to Dr. Murphy's clinic, and am fairly familiar with his methods; and indeed have applied his bone-grafting methods in a number of cases very successfully. After enjoying an excellent collation at the University Club we were conveyed to Rush Medical College, where Dr. Bevan held a very enjoyable clinic. He is an advocate of nitrous oxide and oxygen anesthesia, as well as local anesthesia. Dr. Dean Lewis also operated at this clinic and demonstrated a new method of repairing defects in the tendons with strips of fascia lata. At 6.30 P. M. we took train for Rochester, Minn., and reached there early the next morning. Here again our comfort and convenience had been carefully provided for, as we were met by automobiles and conveyed to the Hotel Zumbro, a new and up-to-date hostelry built since my last visit to the town. It adjoins the splendid Mayo clinic building, recently erected, in which are the waiting-rooms, offices, library and other appurtenances of the ambulatory clinic.

The meetings of the American Surgical Association were held in the auditorium of this [illegible] Hamilton Avenue.

ITEMS

Miss Carrie H. Hudnall, class of 1914, Superintendent of Nurses of St. Joseph's Tubercular Hospital, South Bend, Ind., was a recent visitor to the Hospital.

Miss Marjorie B. Sprecher, class of 1914, night superintendent of nurses of the Jefferson Hospital, Roanoke, Va., is spending the month at her home at Sykesville, Md.

Miss Alfretta Myers, class of 1915, has been appointed night superintendent of nurses of the St. Joseph's Tubercular Hospital, South Bend, Ind.

Miss Virginia R. Clendennin, class of 1914, has resigned her position at Bellevue Hospital, New York City.

Miss Marie John, class of 1916, was operated on at the Hospital several days ago and is on the convalescent list.

Dr. T. A. Ashby attended the meeting of the Alumni Association of the Baltimore Medical College and the University of Maryland, held at Lyons, N. Y., on July 15. The meeting was attended by a number of the alumni of the two institutions, and was handsomely entertained at the home of Dr. E. W. Carr, president of the association.

Those who were present expressed themselves much pleased with the merger of the B. M. C. with the University of Maryland, and promised to get behind their new alma mater, the University of Maryland, and to do all in their power to advance the interest of the University.

There are some 250 alumni of the B. M. C. and of the University of Maryland practicing medicine in the State of New York, and they all have a very warm feeling for Baltimore.

The following officers were elected for the ensuing year:

President—Dr. G. E. Clark, Skaneateles, a graduate of the University of Maryland, class of 1886.

Vice-president—Dr. P. H. D. MacFarland of Syracuse, graduate of the B. M. C., class of 1897.

Secretary—Dr. DeL. F. Bartlett of Fayetteville, N. Y., graduate of the B. M. C., class of 1897.

Dr. J. McPherson Scott, Hagerstown, Md., secretary of the State Board of Medical Examiners, has made public the names of those who passed the examination held in Baltimore, June 15. As a result of the examination licenses were ordered issued by the board to 78 new doctors, 36 of whom are graduates of the University of Maryland, as follows:

Louis A. Buie, class of 1915.
Hugh Edgar Clark, class of 1914.
Vincent J. Demarco, class of 1915.
Louis Diener, class of 1915.
Michael J. Egan, Jr., class of 1915.
Dorsey Paul Etzler, class of 1915.
Gustave A. Fritz, class of 1915.
Lyle Leeland Gordy, class of 1915.
George G. Grazier, class of 1914.
William H. Jenkins, class of 1915.
Robert William Johnson, class of 1915.
Herman Warner Krantz, class of 1915.
Oscar Vernon Linhardt, class of 1915.
Kenneth McCullough, class of 1915.
Daniel Bruce Moffitt, class of 1915.
Charles Wesley Meyers, class of 1915.
Moses Raskin, class of 1915.
Playford L. Rush, class of 1915.
Louis W. Schreiber, class of 1915.
Harry Schmuck, class of 1915.
Samuel D. Shannon, class of 1915.
Frank Earl Shipley, class of 1915.
E. Howard Tonolla, class of 1915.
Joseph Judson Waff, class of 1915.
Bascom L. Wilson, class of 1915.
John C. Woodland, class of 1915.
Eugene J. K. Zeller, class of 1915.
George H. Dorsey, class of 1915.
George Perry Ross, class of 1915.
David Silberman, class of 1912.
Mark V. Ziegler, class of 1915.
X. Francis Kearney, P. and S., class of 1915.
Wm. R. McKenzie, P. and S., class of 1915.
Theodore H. Morrison, P. and S., class of 1915.
Millard Raemore, P. and S., class of 1915.
E. N. Rieger, P. and S., class of 1915.

Dr. Howard D. Lewis, class of 1900, announces that on and after June 22, 1915, his residence and office will be located at 2215 North Charles street. Office hours, 8 to 9 and 7 to 8. Telephone, Homewood 3114-M. Dr. Lewis was formerly located at 1100 Madison avenue.

The following are the graduates of the College of Physicians and Surgeons, 1915:

John R. Anderson, Utah.
Joseph S. Arrache, Porto Rico.
W. H. Bash, West Virginia.
M. B. Berrios, Porto Rico.
C. V. Berrios, Porto Rico.
Robert H. Breslin, Rhode Island.
A. E. Callaghan, West Virginia.
Joseph Cobian, Porto Rico.
Prince Cooper, West Virginia.
J. L. Conarton, Pennsylvania.
Linne H. Corson, New Jersey.
L. L. Cramer, Pennsylvania.
S. A. DeMartini, Washington.
Leon K. Fargo, Maryland.
Antonio Fernos, Porto Rico.
E. E. Fitzpatrick, Rhode Island.
Thos. K. Galvin, Maryland.
Howard E. Gardner, Massachusetts.
Louis F. Gonzales, Porto Rico.
E. Fred Gott, West Virginia.
Wm. O. Hearn, West Virginia.
Ira C. Hoffman, Pennsylvania.
C. M. Holmes, Maryland.
A. J. Jackson, Massachusetts.
D. B. Jarrell, West Virginia.
H. H. Johnson, Massachusetts.
F. X. Kearney, Maryland.
Thos. A. Lamb, Virginia.
Milford Levy, Florida.
Curtis L. Lyon, West Virginia.
J. B. Lohan, West Virginia.
W. H. McCallion, New Jersey.
W. Raymond McKenzie, Pennsylvania.
Alvin McClung, West Virginia.
V. L. Mahoney, Pennsylvania.
T. H. Morrison, Maryland.
J. J. Nougeras, Porto Rico.
Robert S. Peck, West Virginia.
Herbert G. Perry, North Carolina.
Gilberto Pesquera, Porto Rico.
C. E. Purcell, Porto Rico.
Millard Raemore, Pennsylvania.
Oscar W. Renz, Pennsylvania.
E. M. Rieger, New York.
Harry Lee Rogers, Virginia.
W. C. Spalding, Texas.
Charles C. Spangler, Pennsylvania.
Garrett E. Sprowls, Pennsylvania.
Elmer B. Staley, Pennsylvania.
Harrison M. Stewart, Massachusetts.

E. O. Laborde, New Jersey.
John M. Thorup, Utah.
Israel Trachtenberg, New York.
Fred P. Weltner, West Virginia.
R. E. Woodall, West Virginia.

Pharmacy.

Millard L. Raemore, Pennsylvania.
Leon K. Fargo, Maryland.
T. H. Morrison, Maryland.
S. A. DeMartini, Washington.

Worthy of Honorable Mention.

E. E. Fitzpatrick.
H. H. Johnson.
Alvin McClung.
G. E. Sprowls.
W. Raymond McKenzie.
Costas E. Purcell.
J. R. Anderson.
H. B. Tadeusiak.
R. H. Breslin.

With the merger of the College of Physicians and Surgeons into the University of Maryland, the following men now constitute the Board of Regents and the University Council:

Thomas Fell, Ph.D., LL.D., D.C.L., Provost.
Randolph Winslow, A.M., M.D., LL.D.
Thomas A. Ashby, M.D., LL.D.
Hon. Henry D. Harlan, LL.D.
L. E. Neale, M.D., LL.D.
J. Holmes Smith, M.D.
Hon. John C. Rose.
D. M. R. Culbreth, Ph.G., M.D.
John C. Hemmeter, M.D., Ph.D., LL.D.
Charles Caspari, Jr., Phar.D.
Daniel Base, Ph.D.
Ridgely B. Warfield, M.D.
John W. Chambers, M.D.
Harry Friedenwald, M.D.
A. C. Harrison, M.D.
Standish McCleary, M.D.
Henry P. Hynson, Phar.D.
Hon. Henry Stockbridge, LL.D.
Philemon H. Tuck, LL.D.
Thomas Fell, Ph.D., LL.D., D.C.L.
Arthur M. Shipley, M.D.
Timothy A. Heatwole, M.D., D.D.S.
Hon. Robert Moss.
Samuel K. Merrick, M.D.
Hon. Alfred S. Niles.
Randolph Barton, Jr., Esq.
William L. Rawls, Esq.
Isaac H. Davis, M.D., D.D.S.
Wm. F. Lockwood, M.D.
Wm. S. Gardner, M.D.
Cary B. Gamble, M.D.
George W. Dobbin, M.D.

The duty of the University Council is to formulate the scheme of studies to be pursued by students desiring both an academic and a professional, or scientific degree, and to act upon such other matters as may be brought before it.

The Chancellor, Hon. Phillips Lee Goldsborough, Governor of Maryland.

The Provost, Thomas Fell, Ph.D., LL.D., D.C.L., President of St. John's College.

Prof. J. B. Rippere, A.M., and Philemon H. Tuck, A.M., LL.D., for St. John's College.

Profs. Randolph Winslow, A.M., M.D., LL.D., and Wm. F. Lockwood, M.D., for School of Medicine.

Profs. Henry D. Harlan, LL.D., and Henry Stockbridge, LL.D., for School of Law.

Prof. T. O. Heatwole, M.D., D.D.S., for School of Dentistry.

Prof. Charles Caspari, Jr., Phar.D., for School of Pharmacy.

According to the catalogue just issued, the following constitute the Faculty of Physic of the University of Maryland:

Randolph Winslow, A.M., M.D., LL.D.
L. E. Neale, M.D., LL.D.
Charles W. Mitchell, A.M., M.D.
Thomas A. Ashby, M.D, LL.D.
J. Holmes Smith, M.D.
John C. Hemmeter, M.D., Ph.D., Sc.D., LL.D.
Arthur M. Shipley, M.D.
Samuel K. Merrick, M.D.
Ridgely B. Warfield, M.D.
Gordon Wilson, M.D.
William Simon, Ph.D., M.D., Sc.D.
John W. Chambers, M.D., Sc.D.
William F. Lockwood, M.D.
George W. Dobbin, A.B., M.D.
William Royal Stokes, M.D., Sc.D.
Harry Friedenwald, A.B., M.D.
Cary B. Gamble, Jr., A.M., M.D.
William S. Gardner, M.D.
Standish McCleary, M.D.
Julius Friedenwald, A.M., M.D.

Dr. Simon Wickline Hill, class of 1909, of Regent, N. D., writes us as follows:

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BIRTHS

To Dr. Howard J. Maldeis, class of 1903, and Mrs. Maldeis of Baltimore, Md., Wednesday, July 28, 1915, a daughter. Mrs. Maldeis was Miss Louise Watkins, formerly a pupil nurse at the University Hospital Training School for Nurses.

To Dr. Amzi Bedell Shoemaker, class of 1908, and Mrs. Shoemaker, of North Attleboro, Mass., July 24, 1915, a son—Henry Wheaton.

Recently to Dr. Walton H. Hopkins, class of 1904, and Mrs. Hopkins, of Annapolis, Md., a son—John Trenholm. Mrs. Hopkins was, before her marriage, Miss Lila Holmes Trenholm, University Hospital Training School for Nurses, class of 1905.

MARRIAGES

Dr. William T. Black, Physicians and Surgeons, class of 1914, of Berkeley, W. Va., to Miss Grace Royston of Baltimore, Md., at Baltimore, June 24, 1915. Dr. and Mrs. Black will reside in Berkeley, where Dr. Black is in practice.

Dr. Howard N. Freeman, Baltimore Medical College, class of 1912, of Baltimore, Md., to Miss Letitia E. Lord, University Hospital Training School for Nurses, class of 1914, of Martinsburg, W. Va., at Martinsburg, June 17, 1915. Dr. and Mrs. Freeman will be "at home" to their friends after the 10th of July at 1532 Linden avenue, Baltimore.

Dr. Norbert Charles Nitsch, class of 1913, was married to Miss Ethel Marie Katzenberger at St. Martin's Catholic Church, Baltimore, June 23, 1915.

The bride was given in marriage by her father, Frank J. Katzenberger. Her gown was a robe of soft lace over white crepe and her veil, also of the same lace, was caught with clusters of orange blossoms. Her bouquet was a shower of lilies of the valley. Her only attendant was Miss Loula Fernandis of Catonsville, whose gown was of shell pink taffeta and lace. She wore a large garden hat and carried a bunch of Lady Hellington roses. Dr. James Wesley Katzenberger, class of 1914, was best man. The music was under the direction of Miss Jeannie Rinn, and Miss Rita Hohman rendered Henshaw Dana's Ave Maria.

A wedding breakfast followed the ceremony at the home of the bride's parents. The centerpiece of roses and peonies occupied the center of the dining-room, and a large bridal cake on a table at the side was cut by the bride and served. The bride and groom left for an extended trip trough the West.

For the past two years Dr. Nitsch has been resident physician at St. Agnes' Hospital, which position he has resigned to take up active practice.

Dr. Thomas Leonard Richardson, Baltimore Medical College, class of 1898, of Baltimore, Md., to Miss Ruby Thompson Moore of Monroe, N. C., at Charlotte, N. C., June 16, 1915.

Dr. Cranford Haywood Douthirt, class of 1914, to Miss Lydia Isabelle Reid, both of Baltimore, Md., at Towson, Md., June 2, 1915. Dr. and Mrs. Douthirt will reside at Roaring River, N. C. Dr. Douthirt served a year as intern at the Maryland General Hospital.

DEATHS

Dr. David Streett, College of Physicians and Surgeons, class of 1878, professor of practice of medicine at the University of Maryland and for 25 years dean of the Baltimore Medical College, died at St. Agnes' Hospital following an operation for intestinal trouble, from which he had been a sufferer for some time, July 30, 1915, aged 60 years.

Dr. Streett was one of the best-known physicians in the city, and held many positions of note in the medical profession. He was a Democratic member of the City Council of Baltimore from 1883 to 1885. He was born at Chrome Hill, Harford county, Maryland, October 17, 1855, and was a son of the late Corbin Grafton and Ann S.

street. He was educated at the Bethel Academy; A. M. (Honorary), Loyola College, 1895; M. D., College of Physicians and Surgeons, 1878. He served as resident physician, Maternité, 1878-79; resident physician, City Hospital, 1879-80; professor of the practice of medicine, Baltimore Medical College, 1885—; dean, Baltimore Medical College, 1888—; president, Medical and Surgical Society, 1891-92; president, Baltimore Medical Association; vice-president, Medical and Chirurgical Faculty, 1891-92, 1899-00. He was a member of the University Club, the Flint Club, the Board of Charities and Correction, and an elder in the Franklin Street Presbyterian Church. He wrote many books and papers that were regarded as criterions.

He married Miss Sarah Fusselbaugh, of Baltimore, April 25, 1882. She survives him. He also leaves a daughter, Mrs. C. H. Gill, and a son, Dr. D. Corbin Streett.

Dr. Everett Alanson Sherrell, class of 1912, of Statesville, N. C., died at his home recently of tuberculosis contracted at Bellevue Hospital, New York.

Dr. Lewis H. Adler, Sr., class of 1859, a native of Maryland, died of uremia at the Methodist Hospital, Philadelphia. Death came on his seventy-fourth birthday.

He was born in Baltimore on July 15, 1841. Eighteen years later he was graduated from the medical department of the University of Maryland, and in 1871 was graduated from Jefferson Medical College of Philadelphia. During the Civil War he served as surgeon in the Federal Army.

Last year he was elected president of the alumni association of the medical department of the University of Maryland. He was a member of the Medical Club of Philadelphia, a Mason and a Grand Army man.

Henry Caroll Conley, M.D., University of Maryland, Baltimore, 1885, formerly a practitioner of Boone, Iowa, died in Tunnelton, W. Va., April 7, from chronic bronchitis.

Dr. Frank Russell, class of 1893, a Fellow of the American Medical Association, for several years a member of the Board of Health of Wilmington, N. C., died at his home in that city, June 4, 1915, from cerebral disease, age 43 years.

Dr. William C. Johnson, College of Physicians and Surgeons, class of 1887, a physician and druggist of Coleman, Fla., was shot and killed by his son June 6, 1915, aged 52 years.

Dr. William Gibson Floyd, class of 1878, a practitioner and druggist of Roanoke, Ala., for several years county physician of Randolph county, died in a sanatorium in Atlanta, Ga., June 26, 1915, several days after a surgical operation, aged 63 years.

Dr. George E. Jordan, College of Physicians and Surgeons, class of 1891, a member of the Medical Society of the State of North Carolina and a practitioner and druggist of Gibsonville, died at his home in that place June 20, 1915, from cerebral hemorrhage, aged 56 years.

Dr. Frederick Duvall Caruthers, class of 1892, formerly coroner of the Northeastern District of Baltimore, died at his home, 2229 East Baltimore street, from stomach trouble after an illness of three weeks, July 27, 1915, aged 44 years.

Dr. Caruthers was graduated from the University of Arkansas and studied medicine at Fort Smith, Ark., coming thence to the University of Maryland, from which he was graduated in 1892. Afterward he located at the Maryland Hospital for the Insane, Spring Grove, and also served as resident physician at Bayview Asylum. He was a member of the Knights Templars. His wife, Mrs. Helen D. Caruthers, and a brother, E. C. Caruthers, of Fort Smith, survive.

Dr. Albert J. Laciar, College of Physicians and Surgeons, class of 1889, for nearly thirty years a physician in Northwest Baltimore, died at his home, 1735 Linden avenue, from pneumonia, which he contracted three weeks ago, July 23, 1915, aged 52 years. Born in Bethlehem, Pa., Dr. Laciar spent his youth there, and came to this city in 1886. He is survived by his widow, Mrs. Muriel Nicholson Laciar, and two brothers, H. J. and C. W. Laciar of Bethlehem.

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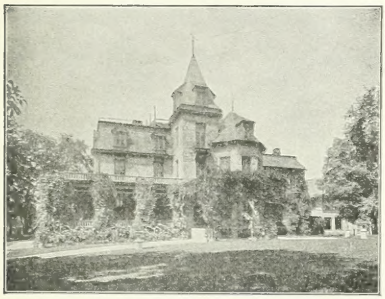

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